

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

S.L., a minor, by and through her parent and  
legal guardian, D.L.;

**Plaintiff(s),**

**v.**

Berkley Medical Center, West Virginia University  
Hospitals, Inc., and West Virginia United Health  
Systems,

**Defendant(s).**

Case or Civil NO: 3:18-CV-162 (Groh)

**APPLICATION FOR ADMISSION *PRO HAC VICE***

I verify that I have fully complied with Local Rule of General Practice and Procedure 83.02 as it relates to admission to practice *pro hac vice*.

Samantha Crane

Applicant's Name

S.L.

Representing (Party Name)

Autistic Self Advocacy Network

Name of Applicant's Firm

1010 Vermont Ave., NW, Suite 618, Washington, DC 20005

Applicant's Office Address

(202) 509-0135

Applicant's Office Telephone Number

none

Applicant's Office Fax Number

scrane@autisticadvocacy.org

Applicant's Email Address

Bar number where admitted, with name, address, and telephone of State Bars where admitted:

Bar # and State:

307789, Pennsylvania (Inactive), Pennsylvania Judicial Center, 601 Commonwealth Ave, Suite 5600, P.O. Box 62625,

Harrisburg, PA 17106-2625, 717.231.3380

1000447, District of Columbia, 901 4th St NW, Washington, DC 20001, 202.737.4700

List all matters before West Virginia tribunals or judicial bodies in which the applicant is or has been involved in the preceding twenty-four (24) months:

None

PROVIDE ATTACHMENT WITH ADDITIONAL INFORMATION IF NECESSARY

All matters before West Virginia tribunals or judicial bodies in which any member of applicant's firm, partnership or corporation is or has been involved in the preceding twenty-four (24) months:

None

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PROVIDE ATTACHMENT WITH ADDITIONAL INFORMATION IF NECESSARY

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I understand that admission to practice *pro hac vice* will result in my registration in the Case Management/Electronic Case Filing system. By this registration, I agree to abide by the requirements set forth in the Federal Rules, Federal Statutes and the Local Rules, Administrative Orders, procedures and policies of the United States District Court for the Northern District of West Virginia. (See <https://racerweb.wvnd.uscourts.gov> for further information).

I understand that attorneys admitted *pro hac vice* will have privileges to view official docket sheets and documents associated with cases and query case reports for cases on the CM/ECF system using the Court-assigned *read only* login and password, and that I must submit all filings electronically through local counsel. Registration constitutes my consent to service by electronic means pursuant to the Federal Rules.

I certify that I have:

- 1) Submitted with this application the requisite fee of Two-Hundred Dollars (\$200.00) payable to the Clerk of the Court of the United States District Court for the Northern District of West Virginia, **and**
- 2) Paid to the West Virginia State Bar the West Virginia State Bar *pro hac vice* fee pursuant to Rule 8.0 of the Rules of Admission for the West Virginia State Bar.

I certify that the foregoing application is true and correct. I hereby represent that I am a member in good standing with the bar of every jurisdiction in which I am admitted and my privileges to practice law and my membership in any bar association have never been amended, modified, suspended, revoked or otherwise limited in any way in any court, district, state, commonwealth or other jurisdiction. I also certify that I have never been convicted of a felony. I agree to comply with all laws, rules, and regulations of the United States Courts where applicable.

If unable to make the above representation, please attach an explanation.

Shawna White

Name of Responsible Local Attorney

Signature of Applicant

304.346.0847 ext. 44

Office Local Attorney Telephone Number

Disability Rights West Virginia

Name of Responsible Attorney's Firm

swhite@drowv.org

Responsible Attorney's Email Address

1207 Quarrier Street Suite 400, Charleston, WV 25301

Responsible Attorney's Office Address

Pursuant to Local Rule of General Practice and Procedure 83.02, I have read the foregoing application and, by my endorsement hereon, agree to be a responsible local attorney in the above-styled matter. I certify that I am an active member in good standing of the West Virginia Bar and that I maintain an actual office in West Virginia from which I practice law on a daily basis. I hereby verify that the attorney moving for *pro hac vice* admission is a member of the bar or bars listed on page 1 of this application.

  
Signature of Responsible Local Attorney

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**Selena C. W. or C. M.**

**NO: 3:18-CV-162 (Groh)**

**ORDER**

Upon consideration of the foregoing Application for Admission *Pro Hac Vice* of Samantha Crane, it is **ORDERED** that the Application for Admission *Pro Hac Vice* be, and the same is hereby, **APPROVED** and that the applicant may appear *pro hac vice* in this matter on behalf of the represented party.

ENTER: \_\_\_\_\_

\_\_\_\_\_  
United States District Judge

